



**Georgia State Board of Psychologists**  
**237 Coliseum Drive, Macon, Georgia 31217-3858**  
**Phone: (478-207-2440 \* [www.sos.ga.gov/plb/psych](http://www.sos.ga.gov/plb/psych)**

**REFERENCE—FORM E**

**APPLICANT NAME (please print):** \_\_\_\_\_

**INSTRUCTIONS:**

- The above Applicant has applied for a license to practice Psychology in the State of Georgia and has listed you as a character reference.
- The information you provide will be considered to be the “best of your knowledge” and that your answers will be as candidly and objectively as possible.
- Please return this form to the Board in a sealed envelope with your signature across the envelope flap. Failure to return this form to the Board could prevent the Applicant from obtaining licensure.
- The Board appreciates your completion of this form.

**IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN**

- ☐ Yes ☐ No Are you related to the Applicant in any manner?
- ☐ Yes ☐ No Have you ever been in a therapist-client relationship with the Applicant?
- ☐ Yes ☐ No To your knowledge, has the Applicant ever been convicted of a felony or misdemeanor?
- ☐ Yes ☐ No To your knowledge, is the Applicant addicted or ever been addicted to narcotics, drugs, or intoxicating liquors?
- ☐ Yes ☐ No To your knowledge, has the Applicant ever been the patient of a mental institution or hospital for mental disease?
- ☐ Yes ☐ No To your knowledge, has the Applicant ever failed to be trustworthy in relation to his/her responsibilities?
- ☐ Yes ☐ No Do you know of any unfavorable incidents in the life of the Applicant at school, college, business or otherwise which may have a bearing upon the character or fitness (moral or otherwise) to perform his/her professional duties not covered by questions disclosed in your answers?

What impresses you least favorably about the Applicant?

Please add additional comments which will assist the Board in assessing the qualifications of this Applicant.

☐ Yes ☐ No Are you a licensed Psychologist? State \_\_\_\_\_ License # \_\_\_\_\_ Year licensed \_\_\_\_\_

**Name (Please Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Address** \_\_\_\_\_